

**INTERSHIP TRAINING**  
**AT**  
**PARK SUPERSPECIALTY HOSPITAL, FARIDABAD**  
**(10TH JANUARY – APRIL 10TH, 2014)**

**Title of the Report**  
**STUDY ON DISCHARGE TIME TRACKING OF INPATIENTS IN**  
**PARK HOSPITAL, FARIDABAD**

**Name of Student**  
**Dr. Shiksha Singh**  
**(PG/12/080)**  
**(Batch-E)**

**Under guidance of**  
**Mrs. KIRTI UDAYAI**



**Post-Graduate Diploma in Hospital & Health Management**  
**New Delhi**  
**2012-14**  
**International Institute of Health Management Research, New Delhi**



# Park Hospital

A Multi Super Speciality Hospital




To whomsoever it may concern

This to certify that **Dr. Shiksha Singh** student of **International Institute of Health Management Research, New Delhi** has successfully completed her dissertation in **Operations Department** starting from 10<sup>th</sup> January 2014 to 10<sup>th</sup> April 2014.

During her dissertation, we found her to be hardworking, honest and sincere. Her conduct was good during this period.

We wish her all the very best in her future endeavors.



  
Mr. Sajay Sikdar  
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Faridabad

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**TO WHOMSOEVER MAY CONCERN**

This is to certify that Dr.ShikshaSingh student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from International Institute of Health Management Research, New Delhi has undergone internship training at PARK HOSPITAL,FARIDABAD from 10<sup>th</sup> January, 2014 to 10<sup>th</sup> April, 2014.

The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish her all success in all his future endeavors.



Dr. A.K. Agarwal  
Dean, Academics and Student Affairs  
IIHMR, New Delhi



Kirti Udayai  
IIHMR, New Delhi

### Certificate Of Approval

The following dissertation titled **"DISCHARGE TRACKING PROCESS in PARK HOSPITAL, FARIDABAD** is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **Post Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

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Dy. A. K. Aggarwal  
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Signature

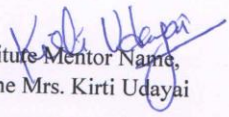
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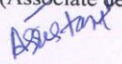
### Certificate from Dissertation Advisory Committee

This is to certify that **Dr. Shiksha Singh**, a graduate student of the **Post- Graduate Diploma in Health and Hospital Management** has worked under our guidance and supervision. She is submitting this dissertation titled **"Discharge Tracking Process in Park Hospital** in partial fulfilment of the requirements for the award of the **Post- Graduate Diploma in Health and Hospital Management**.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

  
Institute Mentor Name,  
Name Mrs. Kirti Udayai

(Associate Dean)

  
IIHMR, New Delhi

Organization Mentor

Dr. Pradip Malik

Assistant Medical Superintendent

  
PARK HOSPITAL FARIDABAD

**CERTIFICATE BY SCHOLAR**

This is to certify that the dissertation titled "**Discharge Tracking Process in PARK HOSPITAL FARIDABAD**" submitted by **SHIKSHA SINGH** Enrollment No. **PG/12/080** under the supervision of Mrs. **KIRTI UDAYAYI** or award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from **10<sup>th</sup> January 2014** to **10<sup>th</sup> April** embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Signature 

## **FEEDBACK FORM**

**Name of the Student:** Dr. Shiksha Singh

**Dissertation Organization:** Park Hospital Faridabad

**Area of Dissertation:** Operations.

**Attendance:** 100%

**Objectives achieved:** Fully met objectives.

**Deliverables:** Well Defined.

**Strengths:** Sincere, Hardworking, Good Analytical and Managerial Skills.

**Suggestions for Improvement:** Keep your emotions in control.

**Signature of the Officer-in-Charge/ Organization Mentor (Dissertation)**

Dr. PRADEEP MALIK

ASSISTANT MEDICAL SUPERINTENDENT

PARK HOSPITAL FARIDABAD



**Date:** 11<sup>th</sup> April 2014

**Place:** Faridabad

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## ***LIST OF ABBREVIATIONS***

**RMO – Resident Medical Officer**

**IPD – Inpatient Department**

**GDA – General Duty Attendant**

**TPA – Third Party Administrators**

**ICU- Intensive care unit**

**F.A-Finance Assistant**

## **AKNOWLEDGEMENT**

Words can never be enough to express my sincere thanks to operations department and especially **MrPradeep Malik**, ASSISTANT MEDICAL SUPRITENDENT for his continuous guidance and support.

I convey my gratitude to **Mr.NeerajBhadana**, who gave me the opportunity to be a part of OPERATIONS Department. I express my greatest thanks to **MrPradeep Malik** for their support and guidance to make this project possible.

I also express my thanks to my IIHMR mentor **Mrs. KirtiUdayayi** (Associate Dean) for extending her support. I would also thank **Dr. A.K Agarwall(Dean Academics, IIHMR)** without whom this project would have been a distant reality. Most of all, I pay my sincere offering to the almighty without whose grace I would not be able to add a new dimension to my life.

In the end, I am thankful from the core of my heart to the nursing, pharmacy and billing department of PARK hospital Faridabad for their support in providing the required information. I am grateful for their patience and kindness.



## **ORGANIZATION PROFILE**

### **Park Hospital**

### **The Park Legacy**

The Park has a strong legacy of more than 3 decades that redefines healthcare arena in a unique and larger perspective. Since its inception the group has always strived to take the healthcare services to a new level. This journey of healthcare excellence and highest level of patient satisfaction has seen many milestones on its way. Today the group boasts a panel of more than 100 doctors and an array of state-of-the-art healthcare facilities across its hospitals in West Delhi, South Delhi, Gurgaon, Faridabad and Panipat. Patients at Park include common people, corporate, government employees and many who's who of the society. Park envisions of providing latest and affordable services to the people of all social and economic backgrounds. With a passion to surpass patients' expectations and bring about a meaningful change in the lives of people, the Park is on its way to becoming a leading healthcare provider of north India.

#### **Chain of Park Hospital**

***Park Hospital (Gurgaon)***

***Park Hospital (West Delhi)***

***Park Sunil Hospital (South Delhi)***

***Park Cancer Hospital (West Delhi)***

***Park Hospital (Faridabad)***

***Park Hospital (Hodal)***

### **Park Hospital Faridabad**

Park Hospital Faridabad is an ambitious initiative from the house of Park. Fully-equipped with all state-of-the-art medical facilities, this hospital, with a capacity of 250 beds, is the beginning

of a new era in taking healthcare services to a new level. Park Hospital envisions of providing a comprehensive spectrum of advanced medical & surgical interventions with a perfect mix of inpatient and outpatient services to people of all social and economic backgrounds. It is the onset of a new experience where patients not only get medical services as per international standards but also receive an empathetic and humane treatment by the professionals attending to them. It is about pursuing a dream called ‘wellness for all’

The Park has a strong legacy of more than 3 decades that redefines healthcare arena in a unique and larger perspective. Since its inception the group has always strived to take the healthcare services to a new level. This journey of healthcare excellence and highest level of patient satisfaction has seen many milestones on its way. Today the group boasts a panel of more than 100 doctors and an array of state-of-the-art healthcare facilities across its hospitals in West Delhi, South Delhi, Gurgaon, Faridabad and Panipat. Patients at Park include common people, corporate, government employees and many who’s who of the society. Park envisions of providing latest and affordable services to the people of all social and economic backgrounds. With a passion to surpass patients’ expectations and bring about a meaningful change in the lives of people, the Park is on its way to becoming a leading healthcare provider of north India.

### **The Park Mission**

“To deliver state-of-the-art personalized healthcare services to people of all social and economic background and achieve highest level of patient satisfaction.”

### **The Park Vision**

“To be a leading name in the healthcare sector by providing holistic healthcare at affordable cost.”

### **About Logo**

**PERSONALISED**

**ALL SPECIALITIES**

**REASONABLE COST**

**QUALITY SERVICES**



**The two hands stand for care & help. Blue color signifies excellence and orange indicates the zeal for care. The logo also assures people that they are in safe and caring hands**

### **Commitment Towards Quality**

At Park Hospital, we believe in our people, our systems and our commitment to quality and continuous improvement. It is our aim to deliver safe, cost-effective care to the community and the patients we serve. At Our Hospital we believe that the patient experience is comprised of outstanding quality and excellent customer service.

**We are committed to provide our patients with the: Highest-quality, safest and most-satisfying care possible.**

There are many factors that patients and their families consider when choosing a hospital, but, the most important ones are the quality of patient care and the satisfaction experienced by both the patients and their families. That's why we follow strict quality and safety practices throughout our entire hospital, monitor our staff's compliance with these practices and continuously seek ways to improve.

**ParkHospital** is committed to meet or exceed customer expectation in quality, delivery and cost. As the level of their expectation increases every year, continuous quality improvement is critical to our success in the competitive marketplace.

***“Doing the right thing, the right way,  
at the right time, in the right amount,  
for the right patient  
that does not result in harm to the patient.”***

For us, quality performance means two things. First, we take pride in satisfying our customers by delivering services to meet their specified requirements at affordable cost. Secondly, we are committed to continuously improving the processes and revising the standards by which we provide our services so that our work meets requirements and is done right the first time.

### **The key elements of a successful strategy**

- Developing the right culture for quality to flourish
- Attracting and retaining the right people to promote quality
- Devising and updating the right in-house processes for quality improvement
- Giving staff the right tools to do the job.

### **Why Park?**

- 30 years of trust and unmatched experience
- Understands the difference between ‘being well’ and ‘wellbeing’
- Comprehensive quality care at an affordable cost
- Wide range of healthcare solutions under one roof
- Inspired by humanity & driven by values
- Based on the philosophy of ‘Patient First’
- One of the fastest growing healthcare names of Delhi NCR
  - Excellent track record in patient care and satisfaction



## **SERVICES AVAILABLE AT PARK HOSPITAL FARIDABAD**

### **Cardiology Department**



Cardiovascular Division at Park Hospital is **Centre of Excellence for Cardiovascular Sciences**. We have one of the best technologies, skills and knowledge to ensure that every patient gets best cardiac treatment.

#### **CARDIAC CATH LAB**

Park Hospital has latest GE Innova® 3100 IQ which can perform a wide range of procedures including peripheral, neurological imaging and cardiac. It has imaging system that offers advanced technologies, such as AutoEx, features and controls to help effectively deliver excellent required image quality at a low dose. It particularly helps clearly see fine vessel detail right up to the surface of the skin with its excellent dynamic range. It Images small vessels all the way to the body's periphery without density filters or close collimation. The square format panel offers a wide range of complex cardiac positioning angles with InnovaSense™ automatic patient contouring to help optimize efficiency. Panel size and magnification to a 12 cm field of view provides imaging of large cardiac silhouettes. It obtain excellent peripheral angiographic and interventional imaging virtually anywhere in the body with convenient detector positioning, flexible acquisition protocols, and excellent image quality with industry leading dose efficiency.

#### **Interventional Procedures**

- Coronary Angiography and Coronary Angioplasty,
- Complex Coronary Interventions including left main, ostial and bifurcations,
- Peripheral Angiography and Angioplasty

- Pacemaker implantation,
- ICD implantation
- Rotablation Rotational Atherectomy, Directional Atherectomy and Rotacs Procedure,
- ASD/VSD Closure
- BMV
- Intravascular Ultrasound (IVUS)

Park Hospital is first Hospital in the country to bring in **Laser Coronary Intervention** and **Remote Magnetic Navigation System (Robotic Angioplasty)** soon. The hospital also runs a 24 hour acute myocardial infarction intervention (**Primary PCI**) program which is supported by 24 hour functional cath lab, onsite interventional cardiologist, cath lab nurse and technologist. The average “door to balloon time” here is less than 45 min which is comparable to the best centers in the world. The cath lab procedures are supported by an expert team of anesthesiologists who make the procedures safe and pain free. Well equipped Day cath facilities, pre and post cath areas of international standards make the procedure a very pleasant experience.

### Cardiac Surgery

At Park Hospital we perform all types of thoracic and cardiovascular operations have including Port Access surgery, Off-Pump Coronary Artery Bypass (OPCAB), and Minimally Invasive Coronary Artery Bypass (MIDCAB), with one of the best success rate in the world.

- Bypass surgery
- Valve surgery
- Congenital heart surgery
- Aortic surgery
- Atrial fibrillation surgery
- Hypertrophic cardiomyopathy surgery
- Heart failure surgery
- Minimally invasive heart surgery

### Patient-centered system

We strive to provide each patient and family member with education, support and world-class medical care extending from his first visit until discharge. We also provide personal services (including a free “concierge” service for out-of-state patients) that put the comfort and well-being of cardiac surgery patients before all other considerations.

### Outcomes

Every year, the heart surgeons at Park Hospital achieve outstanding surgical outcomes – even for the most complex, difficult cases. The Park Hospital model emphasizes an integrated, team approach to provide the best care for each patient.

### **Latest Advances**

Park Hospital is on the cutting-edge of new, advanced treatment options, such as minimally invasive cardiac surgery, “off-pump” bypass and robotically assisted surgery.

### **Our Working Philosophy**

In addition to offering ground-breaking technology, our program provides patients with the advantage of an on-site multi-disciplinary team of anesthesiologists, intensivists, interventional radiologists, vascular surgeons, advanced practice nurses, nurse practitioners, dietitians, physical therapists, and social workers.

This team often expands to include immediate care from on-site physicians from every medical specialty required. Our multi-disciplinary approach and expertise has gained us the reputation of being the best-prepared practice to handle procedures that may be complex and/or complicated by underlying illness or age. Our cases consisting of many complex and complicated procedures in all areas, including pediatric and aortic cardiac procedures, assures patients that they are receiving the best care possible from some of the most experienced and expertly skilled surgeons in the world.

## **Orthopedics Department**



This center at Park Hospital offers the following surgical care employing sophisticated techniques for the treatment of joints using equipments like operating microscopes and computer navigations. We have the operation theaters equipped with Laminar Air flow systems and Specialized filters to minimize the risk of infections.

The center is equipped with latest implants like high flexion implants and offers physiotherapy services.

### **General Orthopedics**

- Deformity correction
- Reduction of fracture
- Sport Injuries
- Treatment of Degenerative diseases like – Osteoporosis

### **Joint Reconstruction**

- Arthroscopic surgery
- Hand Surgery
- Hip Replacement
- Knee Replacement
- Shoulder replacement
- Surface replacement of hip

### **Ortho Spine Treatment**

- Spine fracture and Paralysis
- Degenerative Spine
- Revision spine Surgery
- Spine Instrumentation
- Spine Tumor
- Ozonolysis

## **Neurology and Neurosurgery Department**





This department at Park Hospital offers evaluation, specialized care of wide range of services to patients with Backache, Brain Hemorrhage, Epilepsy, Facial pain, Headache to stroke, Neuro oncology and Spinal disorders

### **Stroke center**

- Intraarterial thrombolysis
- Intravenous thrombolysis
- Mechanical thrombolysis
- Stroke prevention
- Stroke rehabilitation

### **Clinics**

- Dementia Clinic
- Headache Clinic
- Movement Disorder Clinic
- Multiple sclerosis

### **Services Available**

- Brain Tumour surgery
- Cerebro –vascular Surgery
- Deep Brain Stimulation
- Head Injury Surgery
- Neuro Navigation
- Paediatrics Neurosurgery
- Skull base Surgery
- Stereotactic Neurosurgery

### **Spine Surgery Center**

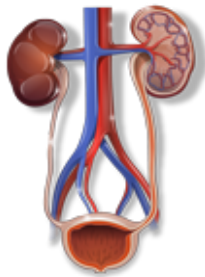
- Anterior Decompression and fixation of Cervical spine
- Corrective Surgery for Kyphosis /Scoliosis
- Disc replacement
- Kyphoplasty
- Minimal Invasive spinal surgery
- Paediatrics Neurosurgery

- Posterior Lumbar interbody fusion
- Retriperitoneal Decompression
- Transformational Lumbar Interbody fusion
- Transthoracic Decompression

### **Neurophysiology Laboratory**

- EEG
- EMG
- Evoked Potentials
- Long term Memory Test
- Nerve Conduction Studies (NCV)

## **Nephrology & Urology Department**



Park Renal Center of Kidney and Urology is a unique resource for those with the diseases of the urinary system, including the kidneys, bladder and prostate gland. We are proud to offer some of the region's finest experts covering every major urology and nephrology specialty. We provide patient oriented management of cancer and benign urological diseases by integrating and leveraging our combined expertise. The center works as a cohesive team with interdisciplinary interactions between urologists, nephrologists, medical and radiation oncologists.

### **Facilities Offered**

#### **Nephrology**

- CRRT , Plasma –phersis
- Dialysis done under the supervision of Nephrologist with separate room for separate patients
- Facility for isolation hemodialysis
- Latest ultramodern hemodialysis machines with bicarbonate dialysis
- Preventative & Critical care Nephrology
- Reverse Osmosis water plant for pure and trace element free water for dialysis

## Urology

- Non surgical removal of kidney stones through Lithotripsy
- Cystoscopy
- Bladder Cancer surgery
- PCNL
- Benign prostatic hyperplasia
- Erectile dysfunctional
- Kidney cancer
- Kidney stone surgical management
- Pediatric urological problem
- Penile cancer
- Prostate Cancer
- Laser surgery for Prostate
- Prostatitis
- Testicular cancer
- Urinary incontinence
- Hernia & Hydroceles

## Gastroenterology Department



Gastroenterology is a medical specialty dealing with the study of the digestive system and its disorders. Diseases affecting the gastrointestinal tract, which includes the organs from mouth to anus, along the alimentary canal, are the focus of this specialty. Hepatology, or hepatobiliary medicine, encompasses the study of the liver, pancreas, and biliary tree, and is traditionally considered a sub-specialty associated with gastroenterology. The knowledge and technology in Gastroenterology has grown in the last times.

The department of Gastroenterology at Park Hospital provides a comprehensive and state-of-the-art service by means of the outpatient and inpatient facilities. The department is managed by experienced Gastroenterologists, efficient medical officers, skilled and compassionate paramedical staff and well trained technicians and other personals. The latest equipments and technology of the department is supported by the highly skilled and expert medical and paramedical staff. The department is proficient in providing excellent medical care for all the patients with disorders of the gastro-intestinal system.

### **Some of the illnesses managed by the department are:**

- Esophageal disorders: Reflux, motility problems, malignancy
- Peptic ulcer disease
- Complex luminal disease: e.g. inflammatory bowel diseases
- Irritable Bowel syndrome
- Gastrointestinal infections
- Gastrointestinal bleeding of all causes
- Symptoms like Excessive bloating, “Gas”, Loss of appetite, Loss of weight, Anemia, Pain abdomen, Foreign bodies in gastrointestinal tract
- Jaundice both medical and obstructive
- Complex liver disease, Viral hepatitis, infection autoimmune disease
- Chronic liver disease, management of cirrhosis and its complications (Hepatocellular cancer, Variceal bleeding, hepatic encephalopathy, hepatorenal syndrome
- Gall bladder: cholecystitis, stones, cancer
- Acute and chronic pancreatitis
- Pancreatic Cancer

### **Facilities**

The gastro-intestinal services are supported by both inpatient and outpatient services including

- Upper Endoscopy
- Colonoscopy
- Polypectomy
- Variceal Sclerotherapy/banding
- Esophageal/enteral/colonic Stenting
- Liver biopsy
- Glue injection for fundal varices

- Esophageal /Enteral dilation, balloon and bougie
- Enteral (naso- jejunal) tube placement
- Sclerotherapy for piles
- Argon Plasma Coagulation (APC)
- Foreign body removal
- Percutaneous Endoscopic Gastrostomy Tube Placement(PEG)
- Endoscopic Cystogastrostomy
- Endoscopic Retrograde CholangioPancreatography (ERCP), both biliary and pancreatic
- Therapeutic
- Enteroscopy
- Capsule Endoscopy
- MRCP
- Dietetics and Nutrition
- Screening and Surveillance of gastrointestinal and liver diseases

## Pediatrics Department



Park pediatrics care offers state-of-the-art tertiary care in various pediatric specialties. Our aim is to provide holistic care to the children in an environment which is sensitive to the needs of child and the family. To provide comprehensive management of problems of children, excellent support is available from experts in rehabilitation and physiotherapy, dietetics and nutrition, child guidance etc.

The center has well equipped **Pediatric Intensive Care Unit** comparable to best in the world. Our team of doctors at PICU is most dedicated and committed to their patients.

### Services offered:

- All types of Pediatric emergencies

- Pediatric Intensive care and Pulmonology
- Pediatric metabolic medicine including juvenile diabetes
- Pediatric neurology
- Pediatric cardiology and cardio vascular surgery
- Pediatric gastro-enterology
- Pediatric nephrology
- Pediatric Oncology
- Pediatric infectious diseases and immunology

## General / Minimally Invasive Surgery Department



Park Hospital boast of a unique, most advanced comprehensive General as well as Laparoscopic / Minimal Invasive surgery which offers highest degree of most precise Minimal Invasive Surgery done by surgeons of repute following the easiest recovery of patients.

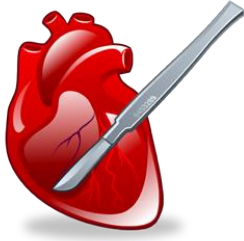
The Department has state of the art Operation Theatres with laminar air flow for air-conditioning with HEPA filters imported dual dome OT lights, low flow anesthesia machines with built in ventilators and complete monitoring system .Patient safety is also enhanced by infection control committee which works towards bringing in almost zero infection rate in all surgical procedures.

### Some of the commonly offered surgeries are:

- Advanced Laparoscopic and minimally invasive surgery
- Benign and Malignant diseases of Esophagus, Stomach and intestine
- Gall bladder diseases and surgical jaundice
- Liver ,Spleen and Pancreatic Surgery

## Internal MedicineDepartment





Department of Internal Medicine strives to provide compassionate, comprehensive and state of the art personalized care.

- General Internal Medicine
- Cardiovascular Medicine
- Endocrinology
- Diabetes metabolism
- Hepatology
- Infectious diseases
- Rheumatology
- Immunology

### **Comprehensive management of infertile couples with emphatic approach**



- Ovulation Induction
- IUI
- IVF-ET
- ICSI
- IMSI
- Surgical Sperm Retrieval
- Assisted Hatching
- Budget IVF
- Cryopreservation program
- Surrogacy
- Fertility enhancing surgeries
- Genetic Counseling

- Third party reproduction
- Andrology
- Psychosexual counseling

### **Intra Uterine Insemination (IUI)**

Once known as artificial insemination, intrauterine insemination (IUI) is the process by which sperm is deposited in a women's uterus through artificial means. IUI begets better results when carried out during a natural cycle. Thus it is usually preceded by ovulation induction / ovarian stimulation using appropriate fertility enhancing drugs.

Available facilities for this procedure include an advanced IUI Lab with a separate semen collection room.

### **In Vitro Fertilization (IVF) & Embryo Transfer (ET)**

With IVF, a method of assisted reproduction, a man's sperm and the women's egg are combined in a laboratory dish, where fertilization occurs. The resulting embryo is then transferred to the women's uterus (womb) to implant and develop naturally. Usually, 2-3 embryos are placed in the women's uterus at one time. Each attempt is called a cycle. The term test tube is often used to refer to children conceived with this technique.

### **Intra Cytoplasmic Sperm Injection (ICSI)**

ICSI is advancement in the procedure of in vitro fertilization where in a single sperm is injected directly into egg. This procedure is most commonly used to overcome male infertility problems, although it may also be used where eggs cannot easily be penetrated by sperm as in recurrent IUI failures.

The steps involve in ICSI procedure are exactly the same as for IVF, except that fertilization is achieved with the help of a micromanipulator. In some cases, when there is a complete absence of sperm in the ejaculate, sperm can be retrieved from the testis / epididymis and used for ICSI.

The testicular / epididymis sperm retrieval techniques are PESA (Percutaneous Epididymis Sperm Aspiration), MESA (Microsurgical Epididymis Sperm Aspiration), TESA, (Testicular Sperm Aspiration) and TESE (Testicular Sperm Extraction).

### **IVF using donor oocyte (eggs) / donor embryo / surrogacy**

Some women with poor ovarian reserve who may be unable to produce their own eggs or whose eggs may fail to fertilize during an IVF cycle can be helped by using donor eggs. Replacement at donor embryos and surrogacy are other options available to the infertile couple.

### **Cryo Preservation of Embryos (embryo freezing)**

Cryopreservation is a process where cells or whole tissues are preserved by cooling to low sub-zero temperatures, -196 0C (the boiling point of liquid nitrogen). At these low temperatures, any biological activity, including the biochemical reactions that would lead to cell death, is effectively stopped. These frozen embryos can be used subsequently without the need for ovarian stimulation and egg retrieval.

## ENT Department



This department has been equipped with advanced diagnostic and surgical instruments specialized for ENT Care and treatment.

### Key Surgeries

- Adenoidectomy
- All Head & Neck cancers
- Audiometry
- Cochlear Implant
- Early detection of oro-laryngeal cancer
- Endoscopic Nasal Surgery
- Foreign Body removal
- Functional Endoscopic Sinus Surgery (FESS)
- Hearing Aid Trial
- Mastoidectomy
- Microlaryngoscopic Surgery
- Microsurgery for ear and Larynx
- Myringoplasty
- Paediatric Sinusitis Treatment
- Phonosurgery
- Septoplasty
- Speech Rehabilitation

- Stapedectomy
- Surgery for middle and internal ear
- Surgery for Snoring and Sleep Disorders
- Tonsillectomy
- Treatment for Sinusitis
- Tympanoplasty

## Dental Care Department



We at Park Hospital can assure you that you have arrived at the perfect resource packed with all the necessary information you need to know and much more. We offer cheap dental implants that help you save a fortune on your treatment when compared to other dental clinics. Their affordability does not in any way overshadow the superlative quality of treatment we offer. As a result, our dental implant packages attract more and more overseas patients every year. Our clinic is completely mercury free and we can get your metal fillings changed into tooth colour fillings in one visit.

Other routine treatments offered at the clinic include Sinus grafting, Bone grafting, Nerve repositioning, Complex Dental Implant, Hi-bridges, dentures fixed to implants and other fixed way of replacing teeth.

**Our Hospital have a well respected dental specialist, leading a team of dental experts.** This team of dedicated and dynamic specialists is committed to:

- Treating patients with personalized care and compassion
- Keeping themselves abreast with latest trends & techniques, by regularly attending Conferences, Courses and Continuing Education Programs.

**The office conforms to global standards with respect to;**

- State-of-the-Science Expertise
- State of the Art equipment
- World Class Material

**Park Hospital is committed to ethics high standards and pursuing excellence in advocacy, community service and education.**

Together these dental surgeons conduct COMPREHENSIVE DENTAL CARE which includes:

- Dental Implants/Immediate Implants/Teeth In An Hour: Revolutionary as this is as close to natural teeth as can be.
- Micro-Root Canal Treatments, RCT'S ( include+ng one sitting RCT'S) to save your natural teeth.
- Piezo-surgery
- Tooth Coloured Restorations beautifully matched to your natural teeth.
- Cosmetic dental procedures viz..cosmetic contouring and bonding for the Smile Design you always desired.
- Composite Veneers/All Ceramic Veneers/Thineers to close gaps between teeth.
- Brighter Whiter Smile In 1 Hour By Zoom Advanced/procedure for home whitening kit also available.
- Tooth Diamond to add that extra sparkle in your smile.
- Depigmentation of Dark Gums and treatment of gummy smiles.
- Invisible Ceramic Braces/Lingual or Palatal Braces i.e. on the underside of the teeth - Now age no bar and no social embarrassment with braces.
- Clear Aligners viz... Invisalign to allign crooked teeth.
- Nti Device/Night Guard for teeth grinders/bruxers to get rid of that nagging headache/muscle soreness.
- Snore Guard for a sound sleep.
- Sealants/Fluoride treatments for kids as prevention of decay is better than cure.
- Deep Cleaning Of Gums And Root Planing- mandatory every 6 months.
- Surgical treatments; Gum/Bone Grafts/Extractions of teeth including impacted teeth.
- Crowns and Bridges (All Ceramic Metal Free viz. By Procera/ Ceramic fused to metal/ only metal- both non precious and precious).

**Park Hospital aims to provide a custom-made, cost-effective treatment plan to suit every discerning patient's needs.** High safety standards are adopted at the clinic with great emphasis being placed on asepsis and sterilization. Emergencies are treated on priority.

### **Respect For Your Time:**

- No waiting – treatment by appointment only.
- Scheduling for dento-tourists, in advance.
- Central location, adequate car parking within clinic compound.

- All dental specialities / latest treatment modalities (or single sitting implants / all ceramic crowns /lingual braces etc) and facilities (including comprehensive lab & X-Ray ) at one place.
- Co-ordinated care with physician, if required.

#### **Personalized Professional Care:**

- Committed and caring team of experienced dental surgeons.
- Custom made, cost effective treatment plan for the discerning patient.
- Facility of advance scheduling for dento-tourists.

#### **Concern For Hygiene And Patient Safety: Strict sterilization procedures:**

- 1) Scrubbing instruments with spirit thoroughly
- 2) Soaking for 45 minutes in bactericidal antiseptic like KORSOLEX
- 3) Autoclaving
- 4) Disposable consumables used

#### **Only international quality material used**

#### **Use of state-of-the-art equipment, including:**

- 1) Latest Intra-Oral Camera.
- 2) Zoom Advanced for teeth whitening within one hour.

## **Ophthalmology Department**



Park's Eye center offers state-of-the-art modern diagnostic, therapeutic, and rehabilitative services of the highest quality in all subspecialties of ophthalmology.

Park's Eye center has all the latest diagnostics and treatment modalities meeting international standards which makes it a preferred destination for eye treatment for both Indian and international patients. A firm commitment to quality is at the heart of all services provided at our Centre. Our hospital incorporates hi-tech eye center with most sophisticated ophthalmic gadgets

#### **Services**

- Cataract Surgery
- Lasik Eye Surgery

- Glaucoma
- Retina and Vitreous
- Oculoplasty
- Charity Work
- Refractive Surgery
- Phacoemulsification
- Femto Cataract Surgery

Our sole aim of providing world class and most recent eye technology. Our state-of-the-art technology can be exemplified with the equipments mentioned below:

- The Automated lamellar keratomileusis system
- The IOL Master
- The Sovereign Phaco emulsification machine
- The Nidek Cx3 Quest Excimer Laser
- The HRT3 Heidelberg Retinal Tomography System
- The MoriaEpi- LASIK system

## Physiotherapy Department



Physiotherapy is a health care profession which aims the physical treatment and management of disease or condition which enables people to reach their maximum potential. Physiotherapy is a health care profession which provides services to individuals and populations to develop maintain and restore maximum movement and functional ability. This includes providing services in circumstances where movement and function are threatened by aging, injury, disease or environmental factors. Physiotherapy is concerned with identifying and maximizing quality of life and movement potential within the spheres of promotion, prevention, treatment/intervention, habilitation and rehabilitation. This encompasses physical, psychological, emotional, and social well being. Physiotherapy utilizes an individual's history and physical examination to arrive at a diagnosis and establish a management plan, and when necessary, incorporate the results of laboratory and imaging studies

### Providing quality care to our patients...

- One of the best upcoming centers dedicated solely to the rehabilitation of people with various health and fitness related problems with a multidisciplinary approach



- Dedicated team of professionals in the field of rehabilitation
- Holistic: Holistic approach to rehabilitation (all services under one roof):It caters for the physical, cognitive, psychological, social and cultural dimensions of the personality, stage of progress and lifestyle of both the patient and his/her family.
- Patient-focused: Detailed assessment of every patient by all professionals. Tailor-made treatment program with adequate time spent with every patient during therapy.
- Hands on therapy by experienced therapists with minimal use of electrical gadgets.
- Participatory: The patient and family is well-informed. Regular case meetings of various professionals with the family and patient are conducted regarding the treatment and progress of patient's condition.
- Community-focused:Providing solutions best adapted to the specific characteristics of the community favouring the best possible community reintegration of the disabled person
- Physiotherapy at Park hospital aims for complete rehabilitation of its patients through their active involvement thus helping them to lead a life of maximum functional independence

### **What kind of health problems/ injuries is treated here?**

- Neurological Disorders
- Musculoskeletal Disorders
- Cardiopulmonary Disorders
- Geriatric Disorders
- Pediatric Disorders
- Ergonomic Disorders
- Ergonomic Workstation Evaluations
- Posture Evaluations & Management
- Counseling and Awareness Programs for Stress Related Disorders
- Metabolic Disorders
- Fracture Rehabilitation
- Vestibular rehabilitation
- Reduced Exercise Tolerance
- Sports Injuries
- Post surgical rehabilitation for various conditions

### **What is different about Park Hospital Rehabilitation Services?**

#### **Expertise (Hands on Practice):**

- Motor Relearning
- Bobath Approach
- Roods Approach &Vojta

- Neural Mobilization
- Proprioceptive Neuromuscular Facilitation
- Manual Therapy
- Pre and Post operative Cardio-respiratory Care
- Exercise testing and Exercise Prescription for the elderly
- Exercise Prescription in cardiac and pulmonary patients.
- Functional Re-education
- Therapeutic exercise Including Range of Motion Exercises, Strengthening Exercises PRE etc
- Manipulative & Mobilization therapy
- Gait Training
- Progressive Aerobic Exercise
- Body Composition Analysis
- Life Style Management
- Diabetic Counseling
- Weight Management Program
- Stress Management
- Prenatal, Antenatal and Postnatal Exercise Programs
- Group Therapy
- Advanced Relaxation Techniques
- Mental imagery

## **International Patients**

India, an international frontrunner in the healthcare sector, has emerged as a preferred destination for quality medical treatment attracting patients worldwide. Advantages for India as destination for treatment include reduced costs, the availability of latest medical technologies and a growing compliance on international quality standards, as well as the fact that foreigners are not likely to face a language barrier in India. Given this advantage, Park Hospital, Gurgaon welcome you to the comforting family of Park Group of Hospitals. We ensure a completely sanitized environment and personalized care.

We have a comprehensive international patient's services division manned by professionals having vast experience in service industry. With highly advanced medical infrastructure, broad knowledge base, medical expertise and extensive integration, Park Hospital is an ideal partner for international patients seeking a more affordable treatment away from their homes.

## **Our International Patient Services include**

- Airport transfer Service
- Scheduling of all medical appointments
- Co-ordination of the admissions process

- Cost estimates for anticipated treatment
- Processing of medical second opinions
- Booking of Hotel/Service Apartments
- Provide Language Interpreters
- Special dietary needs / religious arrangements
- Local Sightseeing
- Foreign Exchange
- Providing news & information of patient's relatives back home

**The health procedures we render to our international clients are:**

- Cardiac Surgeries
- Total Knee/Hip Surgery Replacements
- Birmingham Hip Resurfacing Procedure
- Liver, Multi-Organ, and Cord Blood Transplants
- Coronary Angioplasty
- Abdominal and Thoracic Aneurysm Open and Endovascular Repairs
- Carotid Endarterectomies
- Distal Tibial bypasses for limb salvage
- Endovenous Laser Treatment of Varicose Veins
- Stereotactic Radiotherapy and Radiosurgery
- Cosmetic Surgery
- Bariatric Surgery - laparoscopic
- Laparoscopic Hernia Repair
- Laparoscopic Adrenalectomy

We ensure that our patients get the best of our services. We rely on an integrated and ubiquitous IT system that shepherds patients from area to area and relays patient information, including test results, digitally between doctor and technician

Our staff takes compassion & caring as their primary concern while serving the patients. The prime goal of our hospital is to provide dedicated and proficient health services. Our senior doctors are not only qualified with many years of experience in their respective field but, possess a vast ocean of knowledge. We have an exclusive International patient care centre to cater to the needs of foreign nationals

# 1-INTRODUCTION:

In the present competitive world, quality of health care is playing an important role in the modern society. Among various factors affecting the health care system, discharge process is one of the important factors related to patient satisfaction. Discharge from the hospital is the point at which the patient leaves the hospital and either returns home or is transferred to another facility such as one for rehabilitation or to a nursing home. Discharge from hospital is a process which involves the development and implementation of a plan to facilitate the transfer of an individual from the hospital.

Discharging patients from the hospital is a complex process that is fraught with challenges<sup>1</sup>. Hospitalization is often a short-term event, so ideally the determination of the patient's discharge plan begins upon their admission to a hospital.

Based upon their presenting condition, physician order set, severity of illness or injury (SI), and the intensity of services required (IS) a resource plan of care and discharge plan can be identified up front for each patient. Information that could affect the discharge plan is noted in the patient's medical record so that it is taken into account when discharge is being scheduled.

A good discharge process leads to:

- A) Increase patient satisfaction
- B) Decreased length of stay
- C) Positive impression of the hospital
- D) It will help hospital to get more number of patients by the way of referrals

It is increasingly evident that effective hospital discharges can only be achieved when there is good joint working between the departments of hospital organization, TPA, consultants, nurses, floor and bed managers, billing staff, pharmacy in the commissioning and delivery of services including a clear understanding of respective services, without this the diverse needs of the patients and the family members can't be met. Discharge planning should begin shortly after the admission of the patient in the hospital.

## **1.1-The key principles of effective discharge planning<sup>3</sup>**

- Start planning before or on admission.
- Identify whether the patient has simple or complex needs.
- Develop a clinical management plan within 24 hours of admission<sup>7</sup>.
- Coordinate the discharge or transfer process.
- Set an expected date of discharge within 48 hours of admission.
- Review clinical management plan daily.

## **1.2-PATIENT DISCHARGE POLICY – PARK HOSPITAL,FARIDABAD**

### **PURPOSE:**

To provide guideline instructions for patient discharge related process with the aims that

- Minimum possible time shall be taken for discharge.
- Minimising errors related to billing, discharge summary and discharge instructions.

### **SCOPE:**

It covers all patients getting discharge from the hospital

### **RESPONSIBILITY:**

Treating consultant is the responsible person.

### **PROCESS:**

#### **1-DISCHARGE DECISION:**

Decision regarding discharging the patients rest with the primary treating consultant of the patient who make such decision during his evening rounds on the previous day prior to the discharge of patient and the same is communicated to the patient , relatives, the concerned ward nursing staff/on duty medical officer. However the final decision regarding discharge is made on the basis of the condition of the patient during the morning rounds of the primary consultant on the scheduled day of discharge.

On the scheduled day of discharge, the Primary treating Consultant during his morning rounds examines the condition of the patient to ascertain whether the patient can be discharged. After confirming that the patient is fit to be discharged on that day, the same is communicated to the ward nurse, the medical officer on duty and the patient/ family members.

#### **2- PREPARATION OF DISCHARGE SUMMARY**

After final decision to discharge the patient is taken , the treating consultant prepares the discharge summary of the patient which contains the following information –

A- Reasons for admission, significant findings.

B-Investigations performed and summarized information about the results of the investigations.

C-Diagnosis made.

D-Record of any procedures( Operation, etc.) , medication or any other treatment given.

E-Condition of the patient at the time of discharge.

F-Medication instructions.

G-Follow up advice.

H-Advice on nutrition.

I-Advice on physiotherapy.

J-Instructions on when and how to obtain care.

K-Emergency contact number of the hospital.

L-In case of death, cause of death is mentioned.

One copy of the discharge summary is handed over to the patient's relatives and the other copy is attached to the patients case files.

As per the instructions of the treating consultant in the discharge summary , patient relatives are advised by the ward nurse to collect the medicine from the pharmacy as indicated by the treating consultant or the doctor.

### 3- BILLING FOR PATIENTS ADMITTED IN THE SPECIAL WARDS

In case of discharge of patient admitted in the special wards of the hospital, ward nurse forwards the patient file along with discharge summary to the account department for clearance.

Account s departments prepare the final bill of the patient adjusting the advance paid by the patient/relatives at the time of admission. In case any refund has to be madethe same is done or the balance if any, is collected from the patient/relatives at the account section . Final settlement of payment is done ,cash receipt prepared and hand over to the patient/relatives and a copy of the same is forwarded to the ward nurse who enters the same in the designated register maintained in the ward.

### 4-PATIENT COUNCELLING

Prior to final discharge of patient from the hospital the ward nurse counsels the patient regarding the diet, medications , follow up procedures etc as mentioned in the discharge summary. Patient follow up visit dates are clearly informed .Patients discharge records are entered in the Ward Admission/ Discharge register.

Patient along with the relatives leave the hospital. In case of old patients , delivery patients etc they are taken to the hospital exit area in wheel chairs by the ward attendants and seen off.

#### 5-LEAVE AGAINST MEDICAL ADVICE (LAMA )

In case patient /relatives want to get discharged against medical advice, the same is indicated in the patient case record by the primary treating consultant/medical officer. Records are entered in the LAMA register of the patient ward and a written consent taken from the patient/relatives .Discharge Summary is prepared and the above mentioned steps are followed.

#### 6-PATIENT EXPIRY

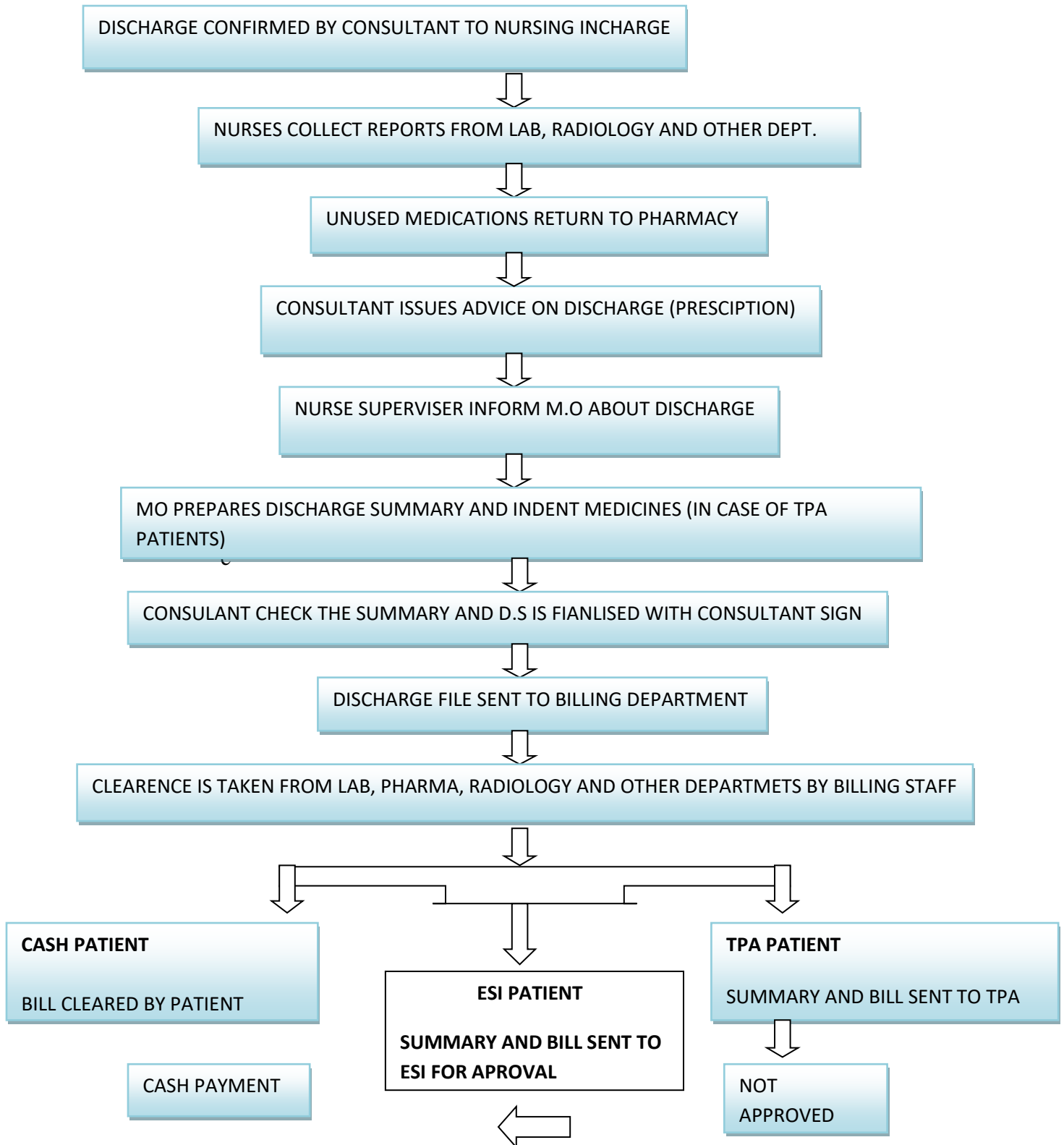
In case of expiry of the patient the primary treating consultant /Medical officers /nursing staff informs the patient relatives. Patients relatives are allowed time with the body.

Ward nurse makes necessary preparation for cleaning the body. Body is cleaned by designated staff and wrapped in clean sheet. Then on duty medical officer prepares two copies of death certificate and the Death Summary. The Death certificate and Death Summary is stamped .Body handed over to the patient relatives. Body handed over to the relatives along with one copy of Death Summary and Death Certificate and other copy is attached to the patient case records.

In case of medico legal cases the local police station is informed and they decide the need for postmortem.



## 1.3-Discharge Process flow



## **8- RECORDS GENERATED**

**1-Patient Case File**

**2-Discharge summary**

**3-Death certificate**

**4-Death summary**

**5-LAMA Register**

**6-LAMA consent form**

**7-Admission Discharge Register**

**8-Final Bill(for special Patients)**

## 1.4- RATIONALE

As the final step in the hospital experience, the discharge process is likely to be well remembered by the patient. Even if everything else went satisfactorily, a slow, frustrating discharge process can result in low patient satisfaction. It is an important area which touches the patients' emotion; influence the image of the hospital and patient satisfaction. Therefore, the demand for effective health services is ever increasing. The discharge process represents the final contact between the patient and the hospital health professionals, and the outcomes of all procedures undergone by the patient are recorded at this stage.

Improving the quality of the discharge process should therefore lead to an increase in patient satisfaction. As a result, patients are likely to return to a health centre where they have experienced an efficient discharge process when they next seek treatment. In turn, efficiency and productivity are increased at the hospital. The delay in discharge process leads to dissatisfaction and affects the image of the hospital. The time management study on discharge process aims to give better services for the patient satisfaction within the minimum time and also to improve the financial performance of the hospital. This can be done only with the help of thorough study of time taken for the whole discharge process beginning from Discharge order time till the patient leaves the Hospital.

## **2- OBJECTIVES**

### **2.1-GENERAL OBJECTIVE:**

- To analyze the discharge process in the IPD of the hospital and to improve the discharge process by finding out the challenges at each step.

### **2.2-SPECIFIC OBJECTIVES:**

- To measure the average time taken for a discharge process in IPD of the hospital.
- To compare the planned discharges to the unplanned discharges.
- To find out the factors leading to delay in the discharge process.
- To suggest the measures to improve the discharge process time.

### **3-REVIEW OF LITERATURE**

S. Erin Elarton, Capt, et al (2004) did a study to identify impedingsystematic delays in the patient discharge process, quantify the extent of the delays, and recommend potential performance improvement initiatives for the Ben Taube General Hospital to expedite bed turnaround times, allowing patients to be admitted as inpatients quickly. This pilot study revealed that McKesson Patient Management System is not updated in a timely manner to display an accurate bed status for inpatient nursing units, thus impeding patient flow from the Emergency Centre. Earlier discharge rounding times for medicine residents is not advantageous because the majority of the blood test results are not available until approximately 10:30 or even later. Because only teaching rounds are performed in the morning, discharge rounds are not usually conducted until after 12:00. Therefore, the majority of discharge orders written by medicine physicians are after 12:00. Once a patient vacated an inpatient bed, it took the unit clerk or nurses an average of 56 minutes to call housekeeping to clean the dirty bed. Another significant problem is that Bed Management does not have access to the Bed Tracking system and therefore, must constantly call the nursing units for an updated status of a dirty bed. Therefore, the recommendations were made and stated that laboratory blood draws are vital for physicians to make a discharge decision. Early morning tests results are imperative for surgery and medicine residents to write discharge orders early enough to expedite patient discharges before 12:00. The BTGH needs to establish a discharge time of day that the entire organization should strive to meet. A data analyst will be needed to continuously monitor bed turnover times and discharge times of day for BTGH. These indicators should be reported to leadership on a regular basis to support planning efforts for efficient patient flow.

2. Tracey M. Minichiello, Andrew D. Aurebach, Robert M. Watcher did a study to identify caregiver's perceptions of reasons for discharge delays at Moffitt – Long Hospital. The findings showed that nurses were much more likely than house staff or attending physician to cite inadequate communication as a reason for discharge delays. Nurses were also more likely to attribute delays to rounds and other conferences. Physicians, however, were more likely to cite delays in testing and availability of sub acute care beds. Almost all house staff and attending thought that discharge decisions were generally made in the morning and over 60% felt that

discharge orders were usually written before noon. In contrast, none of the nurses thought that orders were usually written before noon. It showed that caregivers at the same institution perceived different barriers to discharge and believed that discharge- related activities occurred at different times. Therefore, to facilitate hospital discharge, communication gaps should be addressed and traditional morning routines should be re examined.

3. J. Mellinghoff, A. Rhodes and M. Grounds did a retrospective study in 17-bed London teaching hospital ICU for three years to look at the processes and consequences that cause a delay in the discharge of patients from an adult ICU. They founded that there is a delay of over 4 hours occurred in 81% patient episodes .The delays in discharge to the wards increased by over 100% for the year following a reduction of 28 beds in total intrahospital ward bed capacity. There were over 42,000 hours (equal to 1,751 days) of delays in discharges for the patient episodes. Delays were caused by all stakeholders involved in the discharge process. The main reasons were insufficient ward bed availability (21%), delays in bed allocation (30%), delays in the completion of administrative tasks on the ICU (4%), delays in adequate preparation of ward beds (27%) for the arrival of the ICU patient, and delays that were attributable to intrahospital transport arrangements (5%).Discharge delays to surgical wards were twice as likely compared with medical wards as they were also trying to deal with elective and emergency surgical admissions. Medical wards had fewer delays in transfer but were more likely to have longer delay times as a result of subsequent delays in discharging patients back to the community.

4. JanitaVinayaKumari did an observational study to ascertain the average time taken for the patient to be dischargedin a tertiary care teaching hospital of Karnataka. It was found that the total average timetaken for the patient to be discharged in a tertiary care teachinghospital of Karnataka was 2 hours 22 minutes. It was observedthat the Intra processing time (outside the billing department) for discharge process was more than the Inter processing time (inside the billing department). Average time of 25 min wastaken for the Inter Process for each patient i.e. time taken for theactivities within the billing department. Whereas it takes morethan six times for Intra Processing time, i.e. 1:58 hrs for theactivities outside the billing department

## **4-RESEARCH METHODOLOGY**

**STUDY DESIGN:**Descriptive cross sectional study

**STUDY POPULATION:**

The patients getting discharge from the IPD in PARK super specialty hospital Faridabad from 1<sup>st</sup> Feb. to 28<sup>th</sup> Feb were observed and tracked for the study ,as during the month of Feb maximum admissions done and patients got discharged.

**SAMPLE SIZE:**

Total of 85 patient discharge cases were observed and followed for the discharge process study.

**SAMPLING METHOD:**

Convenience Non - Probability Sampling Method was adopted for the selection of samples.

**DATA COLLECTION TECHNIQUES:**

Following was the plan followed for the data collection:

Primary data was collected through

1. Direct observation of discharge process in IP (SEMI-PRIVATE, GENERAL WARDS) Department of the hospital.
2. Discussion with RMOs, nurses and other service providers.
3. Billing information was collected from billing department.

**DATA COLLECTION TOOL:**

Data was collected through an Observation Checklist containing the following components:

1. Name of the patient.
2. Mode of payment.
3. Time at which consultant announces discharge.

4. Summary start time and end time.
5. Time taken for the return of medications by nurse.
- 6- Time at which file with complete billing sheet send to billing department
- 7- Time at which bill is generated
- 8- Time at which payment of bill is done
- 9- Time gap between clearance of the bill and patient vacating the room.

In Park superspeciality hospital Faridabad, discharge process of 85 patients was monitored. Firstly, the work process of every concerned department was divided into various events to monitor the time taken in the completion of each event.

- Time of each and every event which was followed by the departments and the staffs were documented over a period of 28 days and 85 patients were monitored.
- Time taken between each event was calculated.
- Then, total time taken in the completion of whole discharge process was calculated.
- The average time taken in the completion of each event was calculated and average time taken in the discharge process of all 85 patients was calculated.
- Graphs were plotted accordingly.



## **5-DATA ANALYSIS:**

The data was collected for 85 patients including the cash, ESI and TPA payments in the super specialty hospital. It includes both the planned and unplanned discharges. The duration of each process has been noted down and the total time taken for each activity was computed. The parameters which were computed are as follows:

1. Time when doctor comes for round and announces the discharge.
2. Time taken for completing the discharge summaries.
3. Time gap between the announcement of discharge and completion of summary.
4. Time taken for completing billing sheet and returning the medications by nurse staff
5. Time taken between intimation of bill and generation of bill
6. Time taken between generation of bill and payment of bill.
7. Time taken between payment of bill and to vacate the room by patient

## **DISCHARGES**

### **Planned and unplanned discharges**

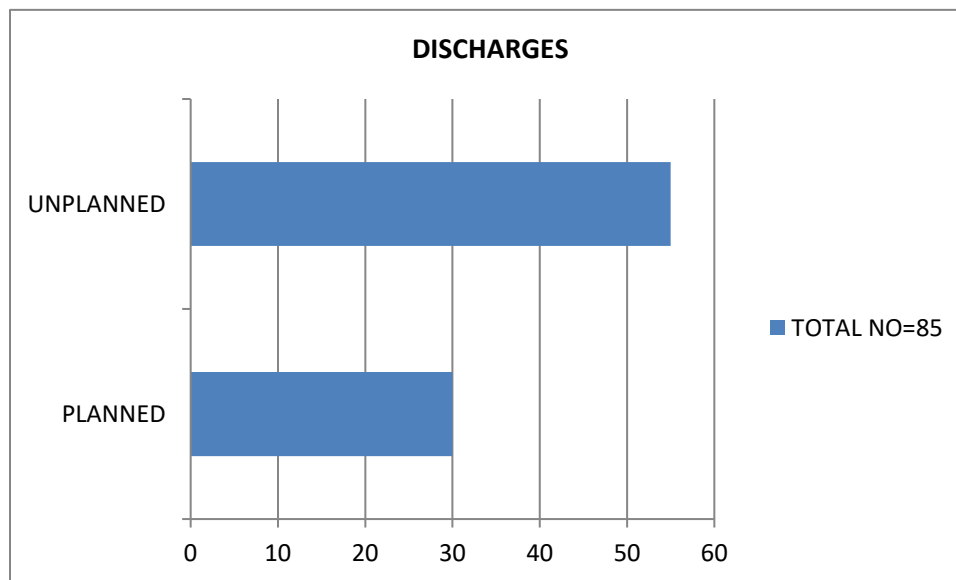
Discharges which are confirmed a day before the actual discharge is planned discharges whereas the discharges ordered by consultants on need immediately are unplanned.

**Total discharges (Planned + Unplanned) =85**

**Planned discharges=30**

**Unplanned =55**

### **GRAPH-1**



From the above graph it was analyzed that out of 85 discharges in month of FEB most of the discharges were unplanned .and the reason for unplanned discharges was most of the time patient want to go DOR (DISCHARGE ON REQUEST). And when consultant find patient fit to go then discharges were announced.

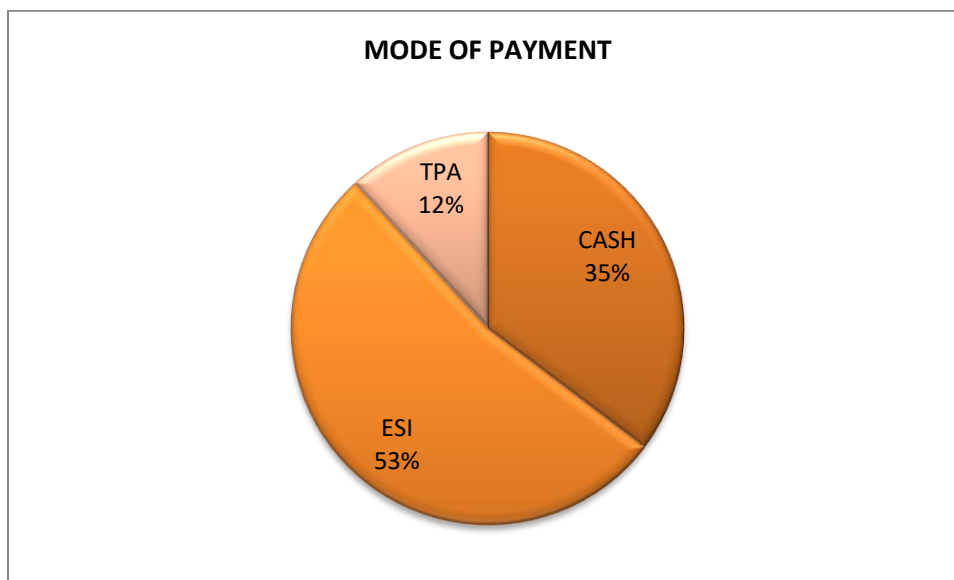
**MODE OF PAYMENT:**

CASH PATIENTS=30

ESI PANNEL PATIENTS=45

TPA=10

GRAPH-2



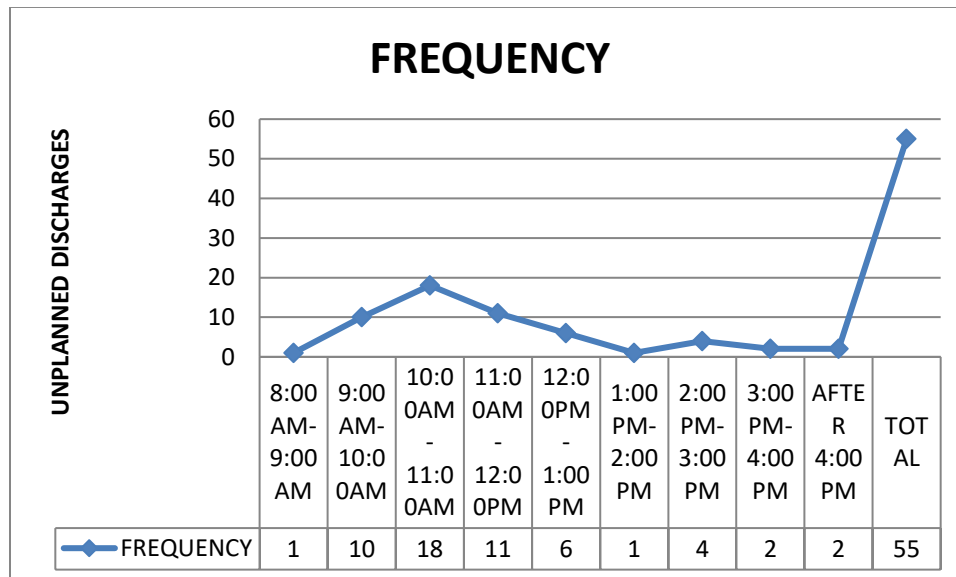
The above analysis shows that as PARK SUPERSPECIALTY HOSPITAL is a new setup so most of the patients are ESI panel patient's i.e. 53% ,however the CASH patients are not so less about 35% and TPA patients are 10%.

**1. TIME WHEN DOCTORS COMES FOR ROUNDS AND ANNOUNCES  
DISCHARGE:(unplanned cases)**

**TABLE-1**

TIME RANGE	FREQUENCY
8:00am -9:00am	1
9:00am-10:00am	10
10:00am-11:00am	18
11:00am-12:00pm	11
12:00pm-1:00pm	6
1:00pm-2:00pm	1
2:00pm -3:00pm	4
3:00pm-4:00pm	2
After 4:00pm	2
TOTAL	55

GRAPH-3



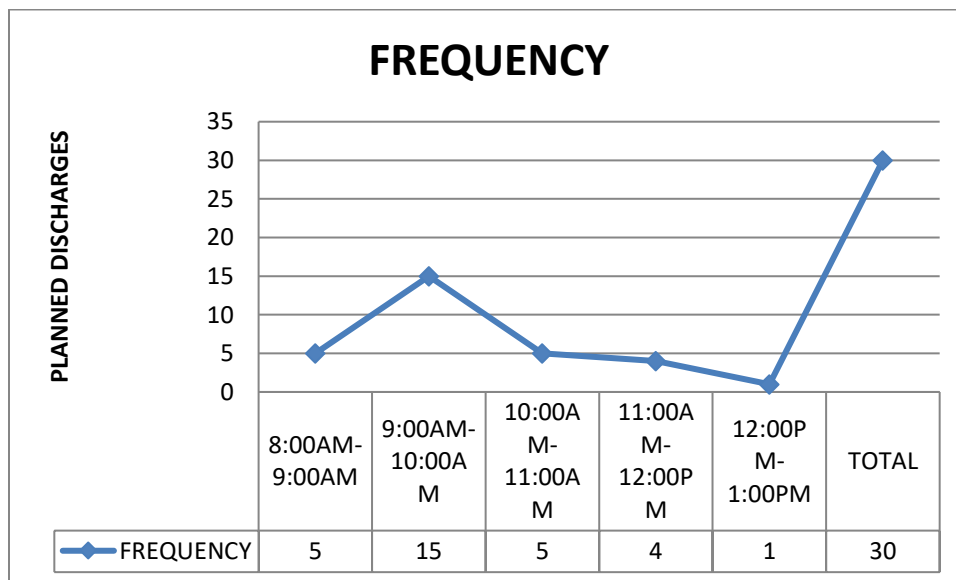
Most of the unplanned discharges decided between 10:00am -11:00am, however some of discharges i.e. out of 55 it was analyzed that 11 were announced between 11:00 am - 12:00,however some unplanned discharges even announced between 2:00pm-3:00pm and some even after 4:00pm.

**2-TIME WHEN DOCTORS COMES FOR ROUNDS AND ANNOUNCES  
DISCHARGE:(PLANNED CASES)**

**TABLE-2**

TIME RANGE	FREQUENCY
8:00-9:00AM	5
9:00AM-10:00AM	15
10:00AM -11:00AM	5
11:00AM-12:00PM	4
12:00PM-1:00PM	1
<b>TOTAL</b>	<b>30</b>

**GRAPH-4**



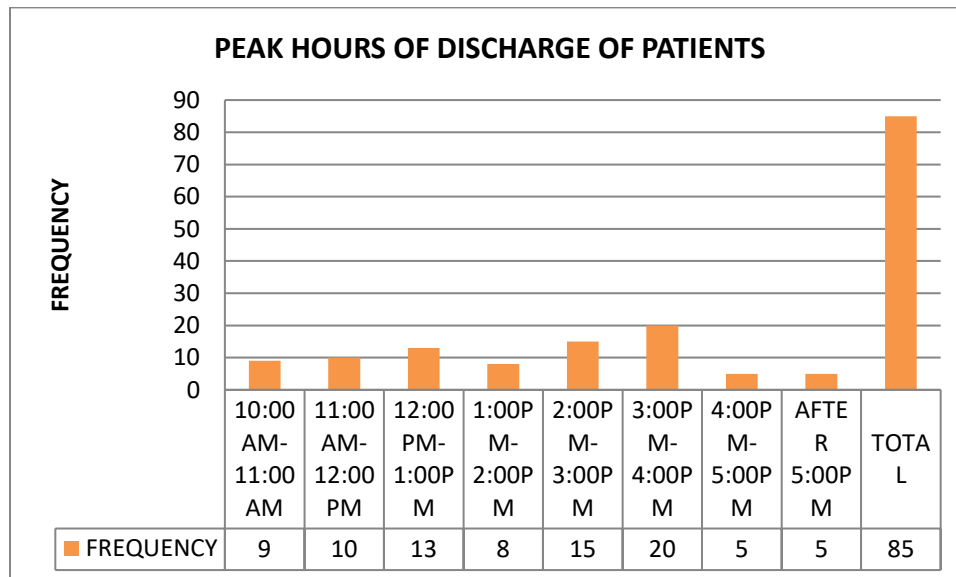
It was observed that in case of planned discharges consultant announces discharges and confirmed discharges mostly between 9:00am-10:00am and some discharges were decided by the time between 12:00pm-1:00pm

### 3. Table and graph showing peak hours of discharge of patients.(including planned and unplanned cases both)

Table-3

TIME RANGE	FREQUENCY
10:00AM-11:00AM	9
11:00AM-12:00PM	10
12:00PM-1:00PM	13
1:00PM-2:00PM	8
2:00PM-3:00PM	15
3:00PM-4:00PM	20
4:00PM-5:00PM	5
AFTER 5:00PM	5
TOTAL	85

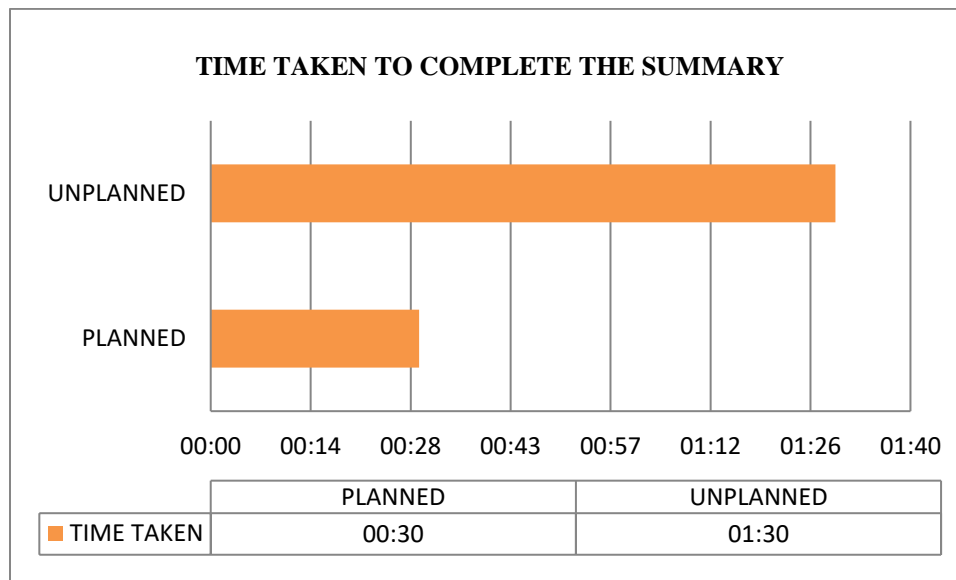
Graph -5



The above analysis showed that out of 85 discharges including planned ,unplanned and all types the peak timings for discharges was between 2:00pm-3:00pm in case of cash unplanned cases and most of the cases of ESI panel patents were discharged late between 3:00pm-4:00pm.the cases which get discharged between 4:00-5:00pm were even include TPA patients .

#### 4-TIME TAKEN TO COMPLETE THE SUMMARY

GRAPH-6



On an average time taken by RMOs for making discharge summary for planned discharges was 30minutes while for unplanned discharges it took 1hour 30 minutes

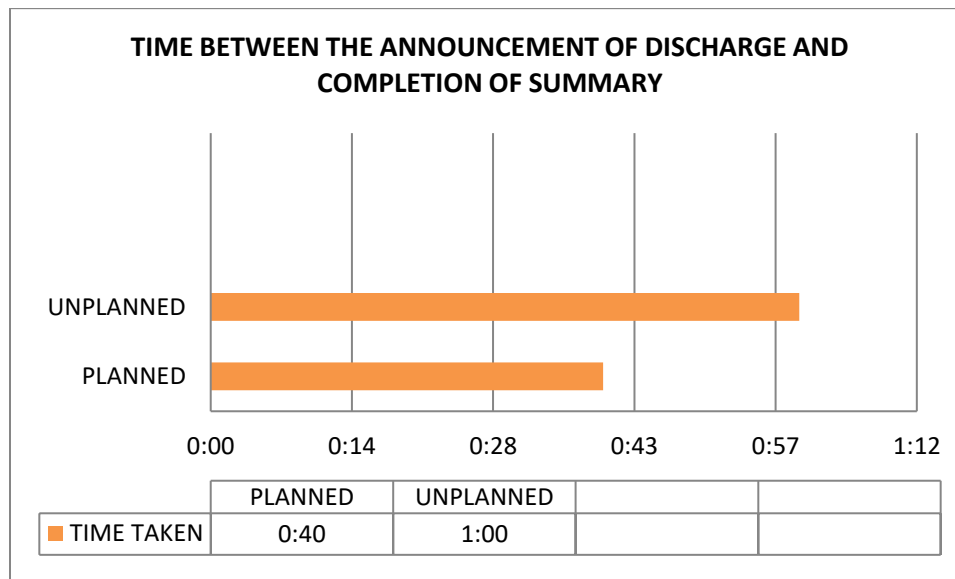
Reasons for delay:

- In case of unplanned discharges, RMOs take longer time to complete the summaries as they are assisting the consultants on rounds when they are supposed to write the summaries.
- In case of planned discharges,either the summaries are not ready on time or are ready but not co-signed by the consultants. So it causes delay in the procedure.



## 5- TIME BETWEEN THE ANNOUNCEMENT OF DISCHARGE AND COMPLETION OF SUMMARY:

GRAPH-7



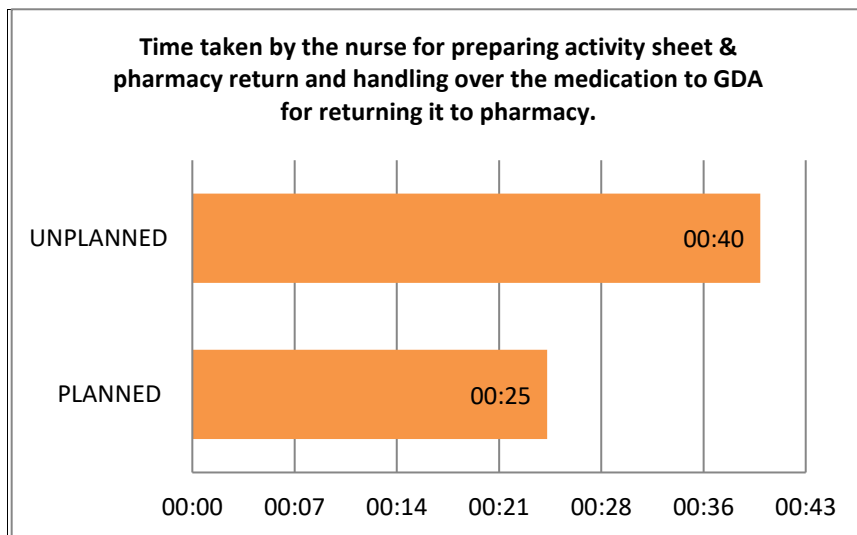
Average time taken between announcement of discharge and completion of summary is 40 minutes for unplanned discharges and 60 minutes for planned discharges.

### Reasons for delay:

- In case of planned discharges, summaries are ready but not signed by consultants so it takes much longer time.
- After the completion of rounds, RMOs start writing summaries and it takes much time.

**6- Time taken by the nurse for preparing activity sheet & pharmacy return and handling over the medication to GDA for returning it to pharmacy.**

**GRAPH-8**

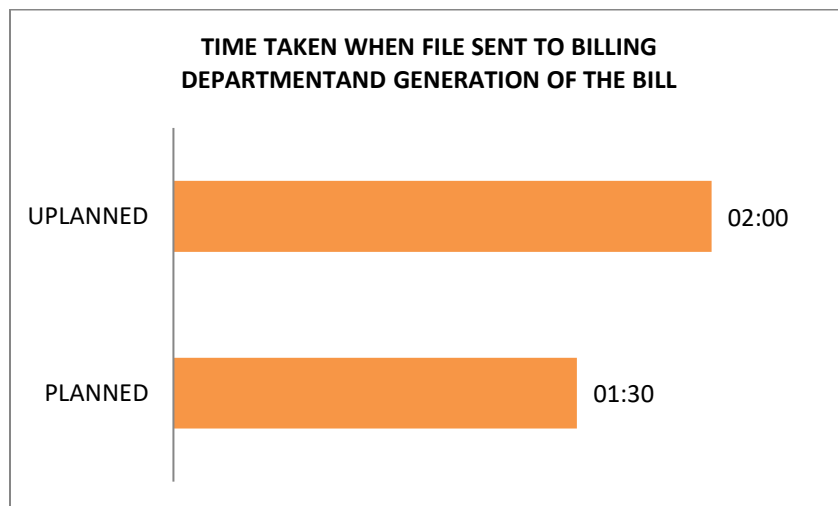


Reasons for delay:

- In case of planned discharges this activity took 25minutes because medicines are returned and activity sheet and billing sheet completed prior to completion of summary whereas in unplanned discharges, medications are returned after summary get ready so it takes longer time.
- Nurses are assigned 4 to 5 patients and they also assist consultant on rounds and start their process after the completion of the rounds.

## 7-TIME TAKEN WHEN FILE SENT TO BILLING DEPARTMENT AND GENERATION OF THE BILL:

GRAPH-9

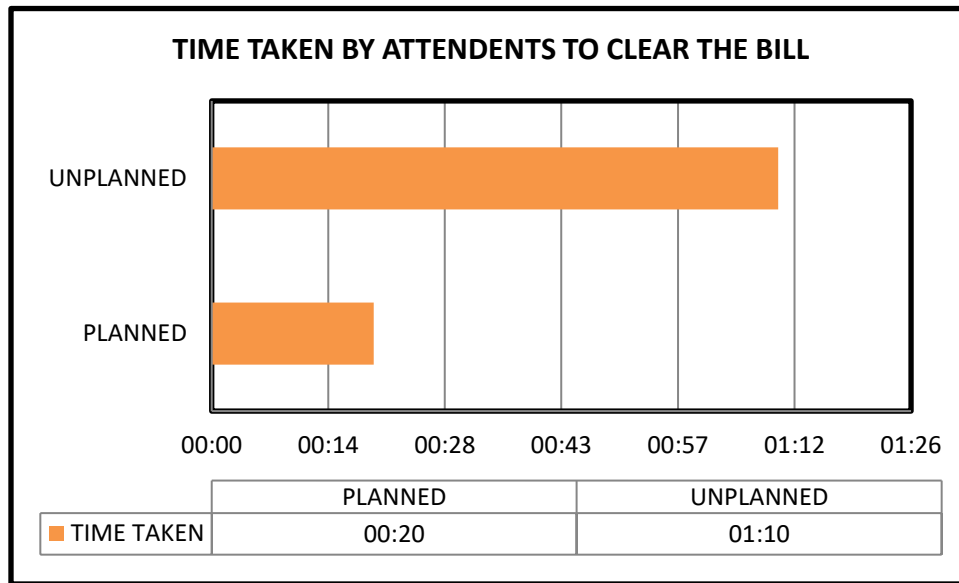


It was found by above analysis that on an average it took 1hours 30 min in case of planned discharges while in case of unplanned discharges it took 2 hours.

The preparation time of final bill depended on type of patient. For Cash Patients it was minimum whereas it took longer time in case of ESI and TPA patients.

## 8- TIME BETWEEN THE GENERATION OF THE BILL AND PAYMENT OF THE BILL:

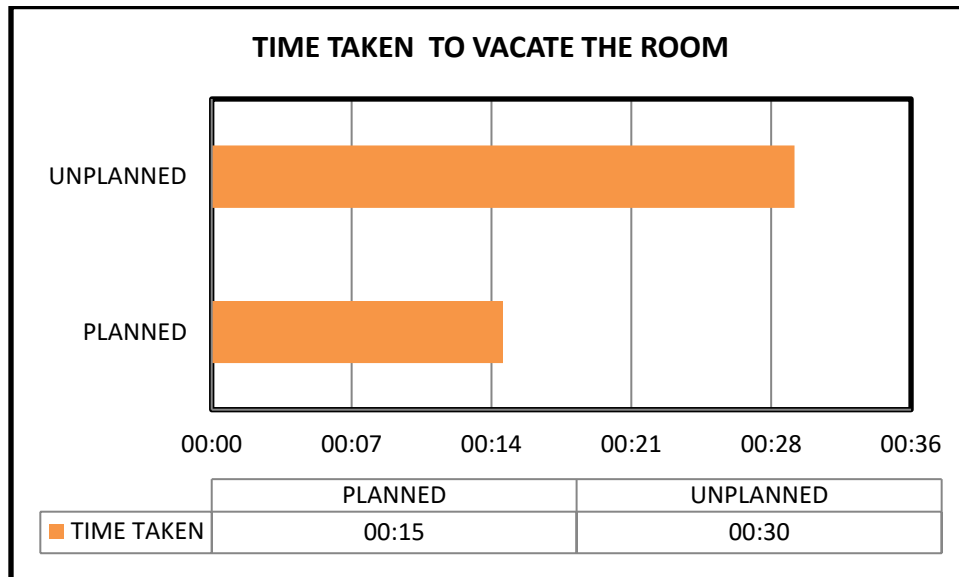
**GRAPH-10**



In case of planned cases attendants were already explained about the discharge process and they were given previous information about the discharge so took less time for clearing the bill than in case of unplanned discharges.

**9-Time gap between clearance of the bill and patient vacating the room.**

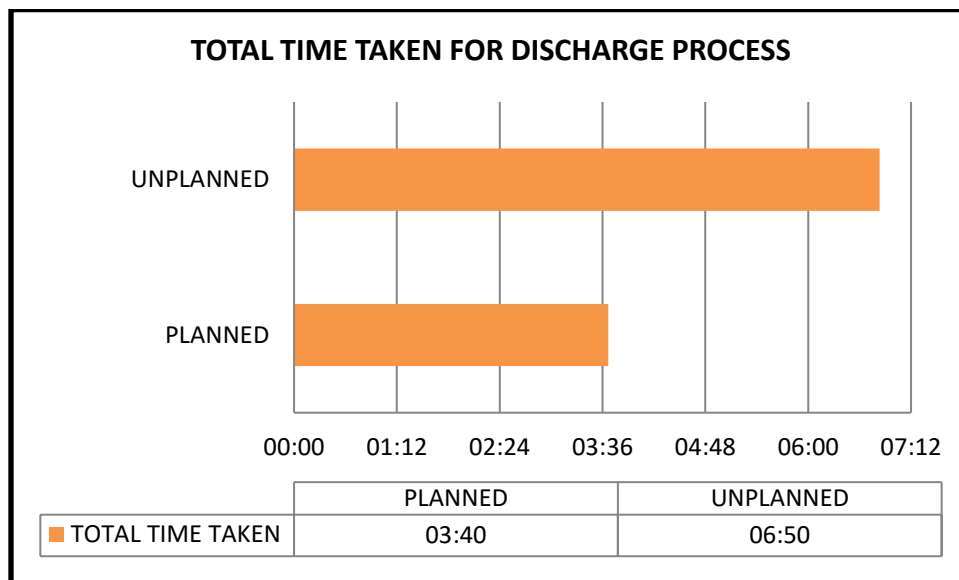
**GRAPH-11**



It was observed that after clearing bill attendants took less time to vacate room in case of planned discharge because attendants were previously informed about the discharge so in case of planned discharge it took 15min while in unplanned it took 30 min to vacate room however vacating the room even depends on type of patient .it took more time in case of ESI PATIENTS.

**10-Total time taken by the hospital for discharge process of patient.**

**GRAPH-12**

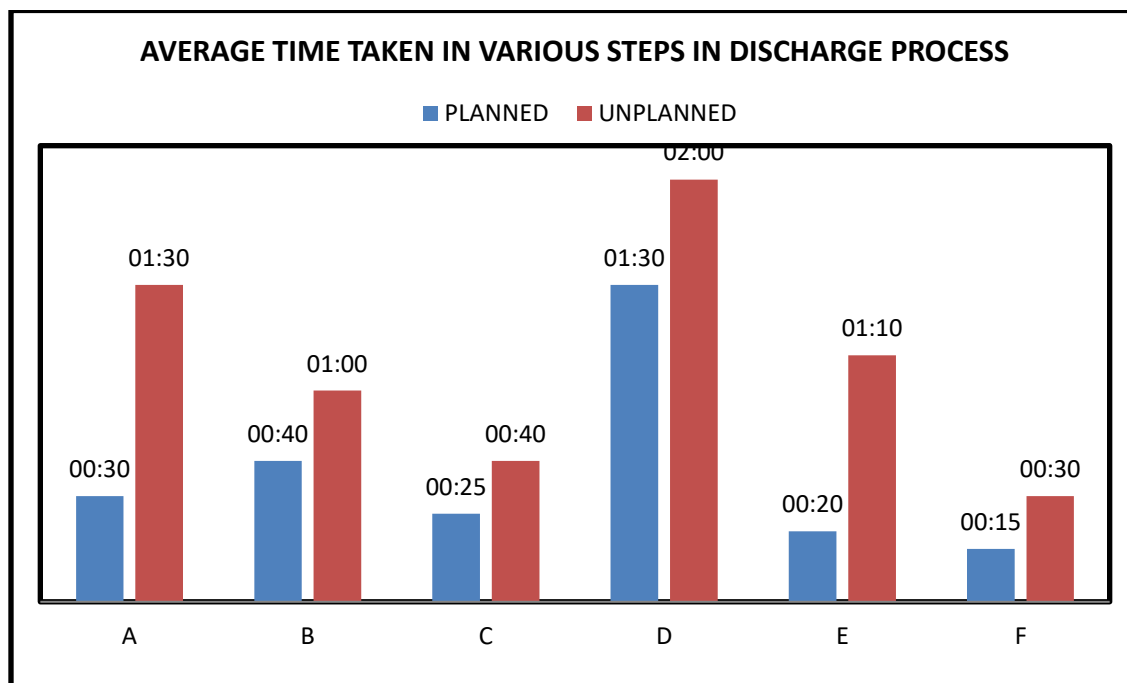


Thus through above steps it was concluded that total activity for discharge process is different in PLANNED cases than in UNPLANNED cases. It takes average 3:40min in planned discharges this is the reason in one of above graph it was shown that about 15 discharges done between 2pm-3pm and most of discharges done between 4pm-5pm, as most of the discharges were ESI and even include TPA .For clearance of bill from Insurance company it took 5-6hrs and for preparation of ESI discharge summary it took 3-4 hours.

**11-Table and graph showing average time taken in various events in discharge process.  
TABLE-4**

DISCHARGE	A	B	C	D	E	F
PLANNED	0:30	0:40	0:25	1:30	00:20	00:15
UNPLANNED	1:30	1:00	0:40	2:00	1:10	00:30

**GRAPH-13**



**A-AVERAGE TIME TAKEN TO COMPLETE THE SUMMARY**

**B-TIME BETWEEN THE ANNOUNCEMENT OF DISCHARGE AND COMPLETION OF SUMMARY**

**C-TIME TAKEN BY NURSE TO COMPLETE THE BILLING SHEET AND TO RETURN MEDICINES**

**D-TIME TAKEN BY BILLING DEPARTMENT TO MAKE FINAL BILL**

**E-TIME TAKEN BY ATTENDENTS TO CLEAR THE BILL**

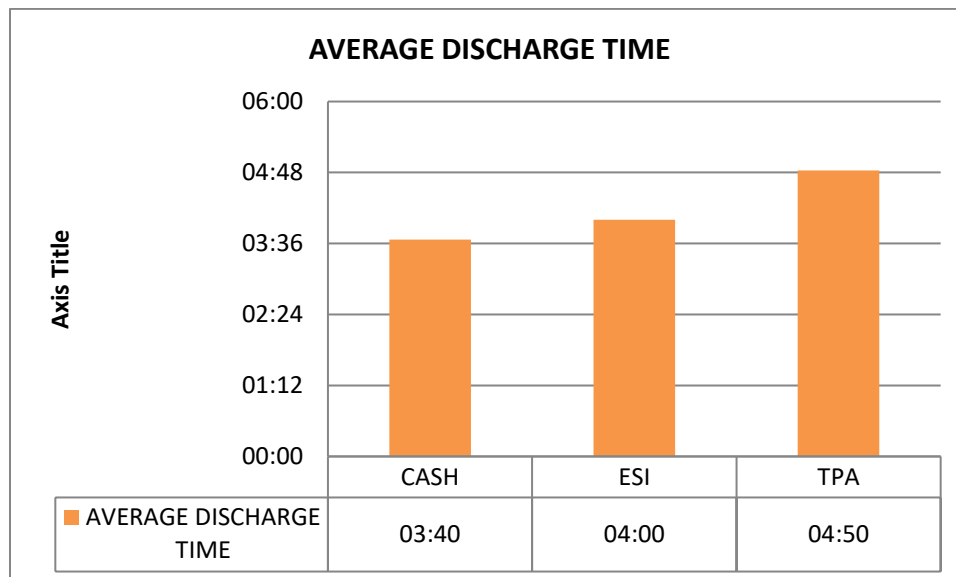
**F-TIME TAKEN TO VACATE THE ROOM AFTER CLAERING THE BILL**

**12-AVERAGE TIME TAKEN IN DISCHARGE PROCESS OF TPA,CASH, ESI PATIENTS(CATEGORY WISE)**

**TABLE-5**

PATIENT CATEGORY	AVERAGE DISCHARGE TIME
CASH	3:40
ESI	4:00
TPA	4:50

**GRAPH-14**



It was observed that average time for discharge of TPA patients was much more (4 hrs. 50 mins.) than that of ESI (4 hrs..) and CASH (3 hrs. 40 mins.) patients.



## **6-RECOMMENDATIONS**

After the completion of first half data collection and observing the bottlenecks, certain recommendations were made to improve the process which is as follows:

### **1.TIME WHEN DOCTORS COMES FOR ROUNDS AND ANNOUNCES DISCHARGE:**

- Consultants should come early for the rounds and should see the patients first who are going to discharge as consultant's intimations is the first step and rest all depends on it.
- Number of planned discharges can be increased.
- Consultant can intimates for the patients whose discharge is planned.

### **2.TIME TAK EN TO COMPLETE THE SUMMARY:**

- No. of planned discharges should be increased so that summaries can be made prior to discharge date.
- Otherwise, provisional summaries should be ready before the discharge date and daily summaries should be updated so that it becomes easy for RMOs to complete the summary on the discharge day.

### **1. TIME BETWEEN THE ANNOUNCEMENT OF DISCHARGE AND COMPLETION OF SUMMARY**

- Consultant should intimates for the discharges as soon as they come and provisional summaries should be made before the discharge date.

### **2. TIME TAKEN FORRETURNING MEDICINES AND COMPLETING BILLING SHEET**

- Nurses should return medications as soon as the summary is prepared or doctor tells about the discharge medications.

### **3. TIME TAKEN FOR PREPARING FINAL BILL BY BILLING DEPARTMENT**

- Nurses should enter the charges for the medications and investigations at the time and point of consumption.
- Billing department should be more active to generate the bill.

#### **4. TIME BETWEEN THE GENERATION OF THE BILL AND PAYMENT OF THE BILL**

- Billing staff should call the concerned nurse as soon as bill gets generated.

## **7- DISCUSSION**

1. In PARK hospital Faridabad ,The average time taken in the patient discharge is 3 hrs 40 min in planed cases and 6hrs50 min in unplanned cases ,now there should be tracking on discharge process in hospital to improve turn around time in all cases

2. In PARK hospital the average time taken for discharge of cash patients is less than that of ESI& TPA patients. In case of TPA patients it takes time to get the clearance from the company. This is the main reason which takes around 6 - 7 hours to discharge a TPA patient.

3. Some of the other causes for delayed discharge of TPA patients include:

- a. Delay in finance clearance in the hospital
- b. Medical record incompletely filled by the treating doctors,
- c. Discharge summary not signed by the treating doctor,
- d. Remarks not mentioned in the discharge summary,
- e. Final bill more than the approved amount and delay in enhancement approval.
- f. 'Delayed response' from the TPA on 'final authorisation approval'- TPAs generally take two to three hours to finally authorise a claim whereas the hospital internally takes around two hours to complete the administrative formalities that encompass discharge summary, collection of reports, billing and other relevant documentations.

4. The main cause of delay is poor communication between the doctors, nurses, personnel of pharmacy and billing department and patient's attendant.

5. The typing of discharge summary takes longer time. There are 2 medical transcriptionists appointed in the hospital and the work load is more.

6. Sometimes it takes more than 1 hour to type the discharge summary because of non availability ofRMO for making discharge summary draft.

7- In Pharmacy also sometimes it take long time because of following reasons:

- a. In view of sending the GDA only once, nurses send pharmacy return of 2-3 patients together which take longer time for clearance.
- b. Nurses send medical requisition for the prescribed drugs without checking that the patient has already got enough of them. This sometimes increases the amount of medication return

to pharmacy. The reason behind this is poor communication between nurses during handling over of patient after shift change.

c. Sometimes GDA is not available for handling over of the medication return after preparation of pharmacy return by the nurses.

8. The billing department workflow is good although they have high workload.

9. Billing also takes longer time in case of incomplete documents submitted by nurses.

According to hospital's policy Billing department receives the document of the patient only when it is complete specially of TPA and Credit patients.

10. Sometimes patient's attendants are also responsible for delayed discharge. The reason being

a. non availability of patient attendant at the time of bill clearance

b. Delayed payment of bill by patient attendant.

## **8-CONCLUSION**

Hospital discharge is a complex and challenging process for healthcare professionals, patients, and carers. Effective discharge planning could significantly improve a patient's health and reduce patient readmission. It should involve the development and implementation of a plan to facilitate the transfer of an individual from hospital to an appropriate setting. The individuals concerned and their carer(s) should be involved at all stages and kept fully informed by regular reviews and updates of the care plan. Planning for hospital discharge is part of an ongoing process that should start prior to admission for planned admissions, and as soon as possible for all other admissions. This involves building on, or adding to, any assessments undertaken prior to admission.

Effective and timely discharge requires the availability of alternative, and appropriate, care options to ensure that any rehabilitation, recuperation and continuing health and social care needs are identified and met.

The average time taken for discharge of a patient was 3:40mins. in planned cases which is much higher than the estimated target of the hospital i.e. 1 hour. Various reasons for delayed discharges include longer time taken by the typist to type the discharge summary, improper nursing activity, longer time in clearance of bill in case of TPA patients.

Hospital management should set an aim to decrease the discharge time to 1- 2 hours and increase the inter-departmental co-ordination so that the aimed timing is achieved. Also, some automated system could be implemented so as to facilitate overall discharge process. The hospital staff should also be increased so that responsible persons are always available. Good discharge management is vital to ensure:

- Patient satisfaction;
- Bed availability for emergency and elective admissions; and
- Quality of patient care remains high

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